



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



CONFIRMATION NO. 8976

Bib Data Sheet

SERIAL NUMBER 10/086,779	FILING OR 371(c) DATE 02/28/2002 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. TAML-100A
-----------------------------	--	--------------	------------------------	----------------------------------

## APPLICANTS

Tammy C. Luttrell, Fort Collins, CO;

*verified & S6*

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/272,075 02/28/2001

*Verified & S6*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*Koh R*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

\*\* SMALL ENTITY \*\*

04/05/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 12	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Doll Sja</i> <i>BB</i> Examiner's Signature Initials				

## ADDRESS

33549

## TITLE

Method and system for recording patient treatment by progress toward identified goal(s)

FILING FEE RECEIVED 520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------	---	---